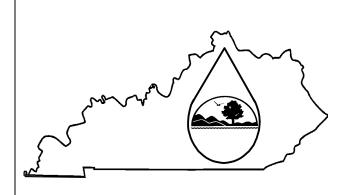
KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACIL	ITY:									
I. FACILITY DISCHARGE FREQUENCY				Α	GENCY USE					
A. Do discharge(s) (Complete Item			No 🗌							
B. How many days	per week?									
II. A. Give the basi	is of design fo	r sizing of the	wastewater fa	acility (see ins	structions):					
		-		• `						
				<u> </u>						
B. If new discharge	er, indicate an	ticipated disch	arge date:							
C. Indicate the design capacity of the treatment system:					MGD					
III. Outfall Locat	ion (soo instr	uctions)								
Outfall	lon (see mstr	LATITUDE			LONGITUDE					
(list)	Degrees	Minutes	Seconds	Degrees				NG WATER	(name)	
Method used to obt			nates, etc.)							

OUTFALL NO.	OPERATION(S) CONTRIB	BUTING FLOW	TREATMEN'	Γ
(list)	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
	act cooling water sed at facility (except for huma	Other (list):] No
II. Discharge to otl	her than surface waters. Check	appropriate location:		
☐ Publicly-	owned lake or impoundment	Name of lake:		
Publicly-	owned treatment works (POTW)	Name of POTW:		
Land app	lication of Effluent			
Surface i	njection (Check term and identify	y on map) 🗌 lateral field	; sinkhole; sinking stream;	deep well
Closed C	Circuit (Check appropriate term)	☐ Holding tank; ☐ Me	chanical evaporation; Waste in	npoundment
III. Check the meta	lls present in the discharge if ap	plicable and indicate th	e quantity discharged per year.	(Indicate units).
Antimo	ny	Copper	Silver	
Arsenic Berylliu		Lead Mercury	Thallium Zinc	n
Cadmiu	ım	Nickel		
Chromi		Selenium		

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IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)						
A. Number of bypass points: (If bypass points are indicated, information below must be completed for each bypass.)						
Check when bypass occurs:		Wet Weather	Dry Weather			
Give the number of bypass incidents		per year	per yea			
Give average duration of bypass		hours	hours			
Give average volume per incident		1,000 gallons 1,00				
Give reason why bypass occurs:						
B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)						
B. Number of Overflow Points: (If of Check when overflow occurs:		Wet Weather	Dry Weather			
Give the number of overflow incidents:		per year	per year			
Give average duration of overflow:		hours	hours			
Give average volume per incident:		1,000 gallons	1,000 gallons			
C. Number of seasonal discharge points						
Give the number of times discharge occur						
Give the average volume per discharge of	ccurrence	(1,000 gallons)				
Give the average duration of each dischar	rge	(days)				
List month(s) when the discharge occurs						
X. AREA SERVED (see instructions)						
NAME		ACTUA	AL POPULATION SERVED			
TOTAL POPU	JLATION SEI	RVED				

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XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS							
Additive	Composition	+	Concentration (mg/l)				
XII. EFFLUENT CHARACTERIS	STICS						
A. Indicate results of analysis for p	ollutants listed below.		1				
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES				
BOD ₅							
TOTAL SUSPENDED SOLIDS							
FECAL COLIFORM							
TOTAL RESIDUAL CHLORINE							
OIL AND GREASE							
CHEMICAL OXYGEN DEMAND							
TOTAL ORGANIC CARBON							
AMMONIA							
DISCHARGE FLOW							
рН							
TEMPERATURE (WINTER)							
TEMPERATURE (SUMMER)							
B. Frequency and duration of flow:							
XIII. CERTIFICATION							
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance							
with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information							
submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
NAME AND OFFICIAL TITLE (type or print): TELEPHONE NUMBER (area code and number):							
	or printy.	TEEE HOLL WOMBE	. (mon cone una mamber).				
Mr. Ms. SIGNATURE		DATE					

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM FORM SC -- INSTRUCTIONS

Listed below are explanations of select Short Form C questions. If further information is needed concerning any question, please contact the Division of Water, KPDES Branch at (502) 564-3410.

I. WHO MUST APPLY

This application is to be completed by services, wholesale and retail trade establishments, and other commercial establishments including subdivisions and schools that propose construction or operation of a wastewater treatment facility or expansion and/or upgrading of an existing treatment plant.

A. Indicate if discharge(s) occur all year. Complete Item IX for any intermittent discharges.

II. BASIS OF DESIGN FOR SIZING THE WASTEWATER TREATMENT FACILITY

- A. Give the basis of design for sizing the wastewater treatment facility. Indicate the **actual** number of population served, **actual** number of students for schools, square feet of space, etc. used in determining the size of the wastewater treatment plant.
- B. If application is being submitted by new discharger, indicate date of expected commencement of discharge.
- C. Indicate the design capacity of the treatment system in million gallons per day (mgd).

III. OUTFALL LOCATION

For each outfall listed, list the latitude and longitude of its location to the nearest 15 seconds and list the name of the receiving water. Latitude and Longitude readings should be taken at the last point prior to discharge to receiving water. The method used to obtain latitude and longitude should be listed also (i.e. GPS unit, USGS topographic map coordinates, etc).

IV. FLOWS, SOURCES OF POLLUTION AND TREATMENT TECHNOLOGIES

For each outfall provide: (1) a description of all operations contributing wastewater to the effluent, including sanitary wastewater and storm water runoff; (2) the average and design flows contributed by each operation; and (3) the treatment received by the wastewater.

Operations may be described in general terms for storm water. You may use any reasonable measure of duration, volume, or frequency. For each treatment unit, indicate its size, flow rate, and retention time, and describe the ultimate disposal of any solid or liquid wastes not discharged. Treatment units should be listed in order of occurrence and you should select the proper code from Table SC-1 and fill in column 3-b for each treatment unit. Insert "XX" into column 3-b if no code corresponds to a treatment unit you list.

If you are applying for a permit for a privately-owned treatment works, you must also identify all of your contributors in an attached listing.

- **V.** Check the type(s) of wastewater being discharged.
- VI. Indicate whether all water used at the facility (except for human consumption) flows to a treatment plant.
- **VII.** Indicate discharge(s) to other than surface waters.

IX. Intermittent Discharges

Indicate the number of bypasses, overflows, and controlled releases that result in point discharges. Items A-C (as appropriate) must be completed for each intermittent discharge indicated.

X. For each area served by the wastewater treatment plant, enter the actual population served at the time of application.

- **XI.** List any cooling water additives (if applicable), their composition, and approximate concentration.
 - A. List quantitative data for the pollutants or parameters listed. The data may be collected over the past 365 days if they remain representative of current operations. Applicant must collect and analyze samples in accordance with 40 CFR Part 136. Grab samples must be used for pH, temperature, oil and grease, total residual chlorine, and fecal coliform. For all other pollutants, 24-hour composite samples must be used.

New dischargers should include estimates for the pollutants or parameters listed instead of actual sampling data, along with source of each estimate. All levels must be reported or estimated as concentration and as total mass, except for flow, pH and temperature.

B. Describe the frequency of flow and duration of any intermittent discharge (except for storm water runoff, leaks, or spills).

XII. EFFLUENT CHARACTERISTICS

This part must be completed by all applicants, including outfalls containing only non-contact cooling water or storm water runoff. However, at your request, the Division of Water may waive the requirements to test for one or more of these pollutants based upon a determination that testing for the pollutant(s) is not appropriate for your effluent(s).

XIII. CERTIFICATION

The certification is to be signed as follows:

Corporation: by a principal officer of at least the level of vice president.

Partnership or sole proprietorship: by a general partner or the proprietor, respectively.

Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official

TABLE SC-1 CODES FOR TREATMENT UNITS

(For use with Form SC, Item IV)

PHYSICAL TREATMENT PROCESSES

1_Δ	. Ammonia Stripping		Microstraining (Microscreening)				
1-B		1-0					
	. Diatomaceous Earth Filtration		Moving Bed Filters				
1-D		1-Q	Multimedium				
1-E			Rapid Sand Filtration				
1-F			Reverse Osmosis (Hyperfiltration)				
1-G	Flocculation	1-T					
1-H	Flotation	1_I	Sedimentation (Settling)				
	. Foam Fractionation	1_V	Slow Sand Filtration				
1-J			Solvent Extraction				
	. Gas-Phase Separation	1-X					
	. Grinding (Comminutors)	1-Y					
1-M			Intermittent Sand Filters				
1-1V1	. Ont Removal	1-Z	interintent Sand Filters				
CHEMICAL TREATMENT PROCESSES							
2-A	. Carbon Adsorption		Disinfection (Other)				
	. Chemical Oxidation		Electrochemical Treatment				
	. Chemical Precipitation	2-J					
2-D		2-K	Neutralization				
2-E		2-L					
	. Disinfection (Chlorine)	2-M					
	. Disinfection (Cinothle)		Chemical Hydrolysis				
2-0	. Distinction (Ozone)	Z-1 \	Chemical Hydrorysis				
BIOLOGICAL TREATMENT PROCESS							
3-A	. Activated Sludge		Biological Hydrolysis				
	. Aerated Lagoons	3-L					
	. Anaerobic Treatment		Treatment by Plain Aeration				
3-D	. Nitrification-Denitrification	3-N	Holding or Detention Pond				
3-E	. Pre-Aeration	3-P	1-Cell Lagoon				
3-F	. Spray Irrigation/Land Application	3-Q					
3-G	. Stabilization Ponds	3-R	3-Cell Lagoon				
3-Н	. Trickling Filtration	3-S					
	. Rotating Biological Contractors	3-T					
	. Polishing Lagoons		•				
OTHER PROCESSES							
4-A	. Discharge to Surface Water		Reuse or Sale of Wastewater				
	Ocean Discharge Through Outfall		Temperature Control				
	. Reuse/Recycle of Treated Effluent		Eutectic Freezing				
	. Underground Injection	4-H					
7 A	SLUDGE TREATMENT AND I						
	. Aerobic Digestion	5-M					
	. Anaerobic Digestion	5-N					
5-C		5-0					
5-D			Land Application (Sludge)				
	. Chemical Conditioning	5-Q					
	. Chlorine Treatment		Pressure Filtration				
5-G		5-S					
5-H		5-T					
5-I			Vacuum Filtration				
5-J	. Flotation Thickening	5-V					
5-K	. Freezing (Sludge Treatment)	5-W	Wet Oxidation				
5-L	. Gravity Thickening						